ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 129

Place of Birth Miami, Ariz. County Gila No. 9 Porto Rico Canyon St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
MALE			

DATE OF BIRTH* April 26, 1928
(Month) (Day) (Year)

FULL* NAME FATHER Trinidad Gonzales

FULL* MAIDEN NAME MOTHER Refugia Regalado Gonzales

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Vicente R. Gonzales
(Give name in full) (Surname)

Trinidad Gonzales
(Parent's Signature)

Refugia R. Gonzales
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43—S.P.Co.

572-426-996

1928

Ans. File